RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 2898 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY of Health files. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RDRAL and give measures town) c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL end give nearest town) tuneral director. for your 0 0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat a d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained State 1 YES NO X death 3. NAME OF Middle DATE Month 4. Dey Year DECEASED OF rould be executed within 24 hours after death. I'm pencil in Item 18. Give Pages 1, 2, and 3 to Net Office along with form PM3. Page 5 may be ref burial-transit permit. File pages 1 and 2 with the moval. and in any event within 72 hours after death. (Type or print) DEATH 6 19 6. COLOR OR RACE 7. MARRIED SEX NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAI EXAMINER: This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' Addrass (Yes, no, or unkown) | (If yes give war or dates of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) removal, DUF TO Conditions, if any, which "pending" geve rise to immediate cause should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (e), stetling the undarlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? execute the certificate, writing the word NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stete) factory, street, office bidg., etc.) While Not While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 0 urial FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 1-24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	sed alive on Ma	ar de	ed the deceased from 1964, and that alexan son, M.D.		ed at 9:	MED. DIRECTOR		nd an th	ne date	e stated	
230. BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DATE THEREOF		23c. NAME OF CEMETER'			23d. LOCAT	IION (City, town, eralsburg	or county)		nd (Stol	te)
		Art.	ralsburg, Ma	ryland'	25g. REC	R 7 '6		ISTRAR'S S			

the attending physician and campletely fill win by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with G PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTE: G PHYSICIAN: The law requires that the death certificate be executed within 2 may 't taken by the pital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

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The second second and the same of the same that was the market as but your will be a facility of the process of the first of the fi APPEAR OF THE OFFICER OF THE PROPERTY OF THE PERSON.

FOR STATE HEALTH DEPT. of Health. files. delay is nece be retained for your Boar State death the ould be executed within 24 hours after death. It in pencil in Item 18. Give Pages 1, 2, and 3 to t with 2 with age 5 may 1 and 2 will 72 hours 18. Giver 13. Page 5 form PM3. Page 5 within This certificate should be executed within permit. Office along with factorial burial-transit permit amoval, and in any e removal. writing the word "pending" Examiner's 10 35 9 nsed ion, 20 cremati Medical should Chief age to bu should be forwarded to the FUNERAL DIRECTOR: Pa prior xecute the certificate, agent, designated

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VS. A15ME 5M 7/59

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 OR TOWN If outside corporate limits, write RURAL and give neerest town) RAL and give nearast town) OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE 4. DECEASED DEATH (Type or print) 19 6 6. COLOR OR RACE 7. MARRIED B. DATE OF AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. NEVER MARRED ast_bighdey) Months Days Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WOOT 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 (Yes, no, or unkown) | (Ifyesgive werordetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO TO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Slale) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) REPROVAL (Specify) 22c NAME OF CEMETERY OR CREMATOR' 22d. LOCATION (City, town, or country) (State) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATMAR 9 arthur S. Traus

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20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

MED.

(County)

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SIGNED

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Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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USA

ON A FARM?

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Year

1961

(0) 1961, that (1) (we) last 21. I certify that (I) (this haspital) attended-the deceased fram. and that death accurred at 104M, from the causes and on the date stated above. saw the deceased alive an 22b, DATE

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

M.D. 22d. ADDRESS7

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

STAFF PHYS.

(State)

Buria 24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Greensboro

Greensboro, Md.

ATTENDING PHYS.

2So. REC'D BY REGISTRAR DATEMAR 1 4 '61

Greensboro, Maryland 25b. REGISTRAR'S SIGNATURE Orthur S. Kraus

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page 3 sh the State

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certificate has been signed e as the burial-transit permi attending physician detached DIRECTOR: pe

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived. If institution, Residence b. COUNTY delay is nece. of Health HNNE MARYLAND outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 for your Board of URAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar ON A FARM? YES NO DO State | death. 3. NAME OF Middle Yaar DECEASED the DEATH (Typa or print) 8. Give Pages 1, 2, and 3 to with 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED may last birthday) age 5 may 1 and 2 will 72 hours Months 8 WIDOWED Y 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page dona during most of working life, even if ratired) HOUSEWIFE HOME RFORD 13. FATHER'S NAME THOMAS SI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyasgiva war or datasof servica) permit. Office along with burial-transit perm pencil in Item 18. CAUSE OF DEATH |Enter only one gause per ling for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave risa to immadiata causa 10 DUE TO (a), stating the undarlying 98 Examiner causa last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cremation, PERFORMED? 2 the word NO [Medical plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief / Page 3 s 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata) Month, Day, Year 20c. TIME OF INJURY Page factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work forwarded to the p.m. acute the certificate, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Suicide Homicide | Undetermined manner Natural causes Accident death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 3 EXAMINER'S NAME (Typa) Address (Street, city, town, or county) pluods 22 BURIAL, CREMATIO RY OR CREMATORY LOCATION (City, Jown, or country 22c. NA REMOVAL (Spacify) 40 6 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTO ADDRE: VS. A15ME DATEMAR 7 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 112887

	1. PLACE OF DEATH a. COUNTY Caroline MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline					
/	Ь	and give nearest town!	outside corporate timits, write burg - Rur		Life	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Federalsburg — Rural						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Near Concord						Near Conc	ord		ON	A FARM?	
	.[NAME OF DECEASED (Type or print)	Fin Robe:		Middle athaniel (Nat	tie) Mel	vin 4. DATE OF DEATH	Marc			Year 19 61	
		Male	White	WIDOWE		October		9. AGE (In years lost birthday) 70 yrs.	Months Day		Min.	
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)	13.	Frankli	n Melvin			14. MOTHER'S MA	NDEN NAME FitzHerbe	ert				
			R IN U. S. ARMED FOI (If yes, give war or dates of s			rormant cs. Genev	a M. Holl	Address and, New	Castle	, D _{el}	ware	
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2	220	BURIAL CREMATIO REMOVAL (Specify) Burial	March 1		22c. NAME OF CEMETERY OR Concord Co		Nea Nea	r Federa.	or county) Laburg,	Maryl		
1	23.	funeral director.	s signature om and Son,	Fede	ADDRESS eralsburg, Mary	7 - mad	o. REC'D BY REGIS MAR 1 4 '6	1	STRAR'S SIGNA			

VS. A15ME(5) 5M 9/55

March and the last		EDGE MERICAL EXAMBLES	
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ON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES Item ld. film G283 USUAL RESIDENCE (Where dacaesad fivad, If institution: Rasidance before edmission) 1. PLACE OF DEATH a. COUNTY Page CAROLINE MARYLAND Zueen b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) director for your 0 d. STREET ADDRESS Board NAME OF TOSTIAL OR INSTITUTION (it not in hospitel, give street address) . IS RESIDENCE ON A FARM? peuie State [YES NO 1 Ridgely Church death. NAME OF 4. DATE Middle Last Month Dey Yeer DECEASED OF 2 with the iould be executed within 24 hours after death. If it pencil in Item 18. Give Pages 1, 2, and 3 to 18. Office along with form PM3. Page 5 may be reburial-transit permit. File pages 1 and 2 with the (Type or print) DEATH 1960 1 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Min. WIDOWED I DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 1AU HOUSEW 13. FATHER'S NAME within EXAMINER: This certificate should be executed within ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unkown) | (If yes give wer or detas of service) any 18. CAUSE OF DEATH [Enter only one cause our line for (a), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which "pending" Examiner's (geve rise to immediata causa DUE TO (e), stating the underlying b cause lest. cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 tificate, writing the word Medical YES NO T plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) feate, to the Cir. Page 3 sir. Page 3 sir. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work et work FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER abcute the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ed bluods DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22b. DATE THEREO OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22c. (State) REMOVAL (Specify) CARMICHAE Ö 0 Lucen H 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DAMAR 21 '61 anthur S. Kraus 5M 7/59

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Affer Affer ed fo			21. I certify that I attended the deceased fram OCT 25	1909 to March 12 1961 that I last	saw the deceased
etoch bur			alive on March 10 , 19 11 , and that death occur	rred at 10:15 M, from the causes and an the ADDRESS (Street, city or town, state)	date stated above
ed by		Н	ACTUAL SIGNATURE STAND / Truvells M.D.		
PITAL ALD Should	1		PHYSICIAN'S E.Paul Knotts M.D.	Denton, Md	**********
Moy by page 2	0	U	BURIAL CREMATION, 2th DATE THEREOF 1961 22c. NAME OF CEMETERY OR CREMATION (Specify)	ATORY 22d. LOGATION (City town, or county)	(State)
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290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Caroline b. COUNTY O. STATE Maryland MARYLAND buriol b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) al Goldsboro Rural Goldsboro Rural 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS None None NAME OF 4. DATE First Middle DECEASED OF DEATH March Peirce Percy (Type or print) for 9. AGE |In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male Negro 15,1880 August WIDOWED A DIVORCED T with 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most af working life, even if retired) puo Farming Farm Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Peirce No Record Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give Mattie No Bordley None 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tronsit **DUE TO** Canditions, if any, which olong gave rise ta immediate cause should **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 00 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) a. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... ed to the ef death resulted from: Natural causes M. Accident | Suicide . Homicide . ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL George Dawson O. EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Ingleside Roseville ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR Greensboro, Md. VS. A15ME(5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Caroline

YES DI NO Month Day 14 19 61 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Goldsboro. Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO D (County) (State) Inspection Y Inquiry , ond find that Undetermined couse DATE SIGNED 22d. LOCATION (City, town, or county) (State) Maryland 24b. REGISTRAR'S SIGNATURE DATE MAR 1 6 '61 arthur S. Fines

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AND THE RESIDENCE OF THE PARTY THE RESERVE OF THE PROPERTY AND THE PARTY OF The property of the second the state of the little of the state of the AND ELS CONTRACTOR OF THE PARTY The Division of the Division of the Control of the . . .

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVIS	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
2909	CERTIFICATE OF DEATH

	o. COUNTY	oline		MARYLAI		d. STATE Maryl		b. COUNTY		oline	
	b. CITY OR TOWN (IF	outside corporate lin	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF o	outside corporol	e limits, write RU	RAL ond give	nearest tov	vn)
		Ridgely		50 y	r.	X Rura	al Rid	gely			
	d. NAME OF HOSPITA	AL (If nat in hospital,	give street	address)		d. STREET ADDRESS			100	e. IS RE	SIDENCE A FARM?
		1	Tone			1	None				NO
	NAME OF DECEASED (Type or print)		rst	Middle		Powell	4. DATE OF DEATH	March	h	Day	Year 1961
_	SEX	ZO 6		RIED NEVER MARRIED	8.	DATE OF BIRTH			IF UNDER 1 YE	AR IF UNI	
	Male	Negro	WIDOWI		_		1889	lost birthdoy) yrs.	Manths Day	ys Hours	Min.
10o	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR II		0		itry)	12.CITIZEN	OF WHAT	COUNTRY?
	Labore			Farm Labor	er	Mary	rland		U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	Ch	arles H	Pov	vell			No Re	cord			
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFC	RMANT		Addre	BSS		
	No		2]	3-22-8767	A:	nna Davenp	ort	Rid	gely,	Md.	
	18. CAUSE OF DEA	TH [Enter only one of	ouse per li	ne for (a), (b), and (c).]						NTERVAL E	
7	PART I. DEAT	TH WAS CAUSED BY:	0)	C	ere	bral Hemor	rhage			ZINGET AIN	DEATH
3	331	DUE TO)								
	Conditions, if an		b)	A	dva:	nced Gener	alized	1			
	gove rise to in couse (a), stoting t		0	A:	rte	rioscleros	is		32.5		
	lying cause last.		c)								
CERTIFICATION	PART II. OTH	ER SIGNIFICANT COI	NDITIONS (CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	INAL DISEASE (CONDITION GIVE	IN IN PART 1(c	19. WAS PERF YES	ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	URRED.	Enter noture of injury in I	Port I or Part I	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o.m.	Manth, Doy, Y	20d. II While of wor	Not while		OF INJURY (Home, farm y, street, office bldg., etc.		r town)	(Cour	nty)	(Stote)
	21. I certify that	t (1) (this haspita	(1) attend	led the deceased fro	am.	Feb. 10 19	61. to 1	Mar. 3.	1961	that (1)	(we) last
				3 1961, and th							
	220. SIGNATURE	0 X/87	<u></u>		М.	ATTENDING ME	ED.	STAFF PHYS.			2b. DATE SIGNED
	22c. PHYSICIAN'S	R IV = S Y	one	sufer	PVI.	22d. ADDRESS	KECTOR L	rnis.			-
	NAME (Type)	arles H.	Stor	nesifer, M. I	D.	Greens	boro,	Maryla	nd		
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THERE	OF	25c. NAME OF CEMETE	RY OR C	CREMATORY		N (City, town, o		,	ate)
_	Burial	3-6-61	111	Chapel	200			Cardo		Md.	
24.	TUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Green	sho	250. REC'I	D BY REGISTRA		TRAR'S SIGNA		
	1.6.120	relacs)		GI COII	200	ro, Monte MA	VR 9 '61	Ch	Chur S. K	raine	

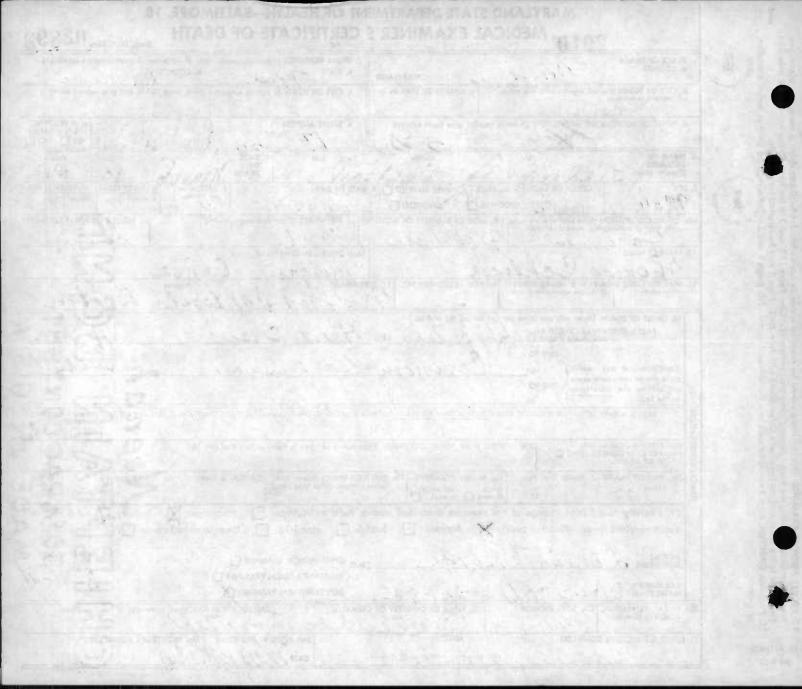
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2910 MEDICAL EXAM	INER'S CERTIFIC	CATE OF DEATH	Reg. Dist. No. (12892
1. PLACE OF DEATH o. COUNTY Capoline	MARYLAND 2. USUAL RESIDEN	NCE (Where receased lived, If institution b. COUNTY	Cassline de la Cassline (Cassline)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton	STAY IN 16 c. CITY OR TO	NN (If outside corporate limits, write I	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	d. STREET ADDR	nton , Rando	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Type 2 2 1 1 2 5	the (Schlead) Loan	4. DATE Month	Day Year 1960
1 July 1	RCED 1 Jug 3 18	197 63 yrs.	FUNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOLIMIEM PLANTING PLA	ill In	(Stote or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Thomas Schlegel	mary man	aut Cohoe	53 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unknown) (If yes, give war or dates of service)	Aus Fre	a Daplegel	. Dueton
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	seve Heart	Descens	INTERVAL BETWEEN ONSET AND DEATH TO THE
Conditions, if any, which gove rise to immediate cause	very Ceal	resion	Quelace
(a), stating the underlying DUE TO (c).	1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			PERFORMED? YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	OCCURRED. (Enter noture of injury		
20c, TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRING Not while of work of work	factory, street, office bld		(County) (State)
21. I certify that I taak charge of the remains described death resulted fram: Natural causes , Accident		itapsy □, Inspection ☒, nicide □, Undetermined co	Inquiry $ abla$, and find that ause $ abla$.
SIGNATURE AGUSON & TOURS	M.D. CHIEF MEDI	CAL EXAMINER	DATE SIGNED
EXAMINER'S DAWSOAD GREAT		MEDICAL EXAMINER DICAL EXAMINER	3-11-4
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF COMMON ALESPOETY)	EMETERY OR CREMATORY	and LOCATION (City, Iown, o	r caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Jou DA	11 12 18 91	TRAR'S SIGNATURE
		MAR 1 5 '61	Chillian S. Torono

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessy please executed a cute a certifical titing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fungal director. A should be fare, feed to the cruef Medical Examiner's Office along with farm PM3. Page 5 may be retained for y files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation, or remayal.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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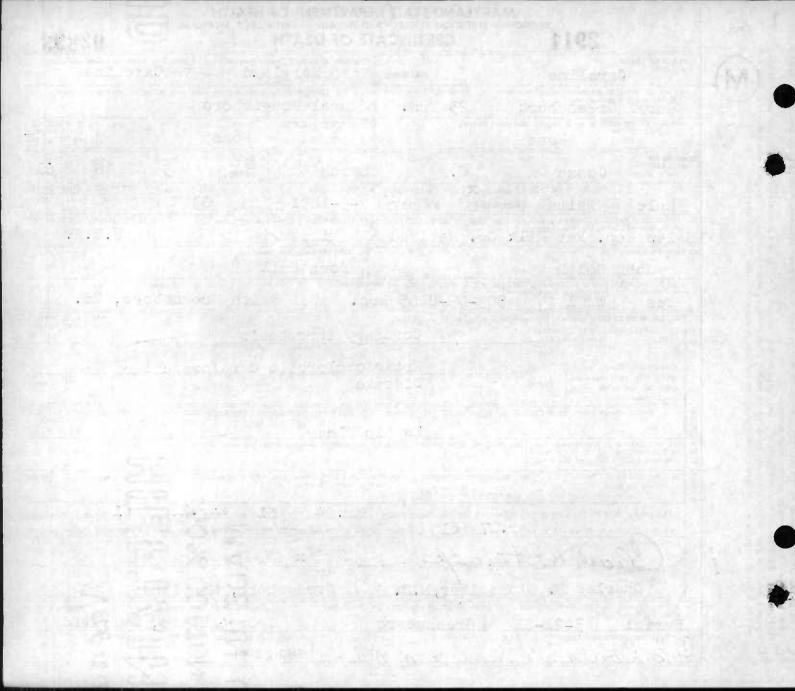
Then please remave carban papers. Pages 1 TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 22 may be takened by haspital an attending physician.

TO FUNDALAL DIRECTOR: After this certificate has been signed by the attending physician and completely filly page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after of

VR A1S (4) 1SM 9/59

	2311	CERTIFICA	TE OF DEATH		116833
1. PLACE OF I		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl	here deceased lived. If institution and b. COUNTY	an: Residence before admission) Caroline
	TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16	Rural Gre	outside corporate limits, write Rensboro	URAL and give nearest town)
d. NAME C OR INST	OF HOSPITAL (If not in hospital, give stree ITUTION None	t address)	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri	int) Jesse	Middle C •	Smith	4. DATE Mondo	18 1951
s. sex	2779 4 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-5-1891	9. AGE (In years last birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Sales		Co. Retired	JSTRY 11. BIRTHPLACE (State Missour		U.S.A.
13. FATHER'S N	ohn Smith		Dora Nul		
	ASED EVER IN U. S. ARMED FORCES? 16			Smith Greens	
Conditi gave ri	Ons, if any, which ise to immediate objection on the state of the stat	Arter Disea	riosclerotic	osis c Cardiovasc	ular
ICATIC	RT II. OTHER SIGNIFICANT CONDITIONS	Pept	ic Ulcer		/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
	DENT WAS UNDERLYING 206. DE RIBUTING CAUSE OF DEATH PROPERTY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port or Port of Item B.)	
	r a.m. While	£,	LACE OF INJURY (Home, farm poctory, street, office bldg., etc		(County) (State)
	tify that (1) (this haspital) attendered alive on Mar.			M, from the couses or	nd an the date stated above.
22c. Ph) 5	Level X Stor	early		ED. STAFF PHYS.	SIGNED
	Charles H. Stone	177	Greens	The state of the s	
23a. BURIAL, (REMOVAL Buri	(Specify)	Greensbor		Greensboro	or county) (Stote) Naryland
24 FUNERAL I	Dereller dr.	ADDRESS eems Coro)	40 4		STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND 1 ne eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest tawn) shauld fun ISDOYO boro the d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION by N. YES NO DE pup 4. DATE OF DEATH NAME OF First Middle Month Day Year DECEASED ages death (Type or print) 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) ofter Manths Days DIVORCED [WIDOWED A papers. cample 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) hours 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) ond Aborey pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ou 0 within physici remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no obunknown) (If yes, give war or dates of service) attending please Ony 1B. CAUSE OF DEATH [Enter only one cause per line for Jety (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 2 mit. Conditions, if ony, which gove rise lo immediate DUE TO cause (o), stating the underhas been si lying couse lost. burial-transit OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY crematian, PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL SO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) (County) ã foctory, street, office bldg., etc.) Hour o. m. USe While Nat while this D at work at wark p. m. for After 21. I certify that (I) (this haspital) attended the deceased fram Mer, 1961 to Mar. detached sow the deceased alive on. 1961, and that death accurred at _____ M, from the couses and on the date stated above. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED STAFF PHYS. of M.D. DIRECTOR | Board 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles Stonesifer, M.D. Greensboro, Md.

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

25a. REC'D BY REGISTRAR

DATESAR 1

4 '61

25b. REGISTRAR'S SIGNATURE

Chrimy S. Thousa

(Stote)

E the gned attending physician. 20 aspital shauld page 3 the Stat 0

may b

23a. BURIAL, CREMATION, 23b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Then please remove carbon popers. Pages 1 may be tained by maspital ar attending physician. **D FUNIWAL DIRECTOR**: After this certificate hos been signed by the attending physician and completely fills page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours after death.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter of AL OR AT TO HOSPIL TO FUNE

VR A15 (4) 1SM 9/59

1	1. PLACE OF DEATH o. COUNTY Caroline		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE Maryland b. COUNTY Caroline						
	b. CITY OR TOWN (If RURAL ond give ne	outside carporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgley			earest tawn)			
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION at home		d. STREET ADDRESS Mapak Avenue Ext. e. IS RESIDER ON A FAI YES NE							
1	3. NAME OF DECEASED (Type or print)	First Mary	Middle Louise	Wilson	4. DATE OF DEATH	March	th D	Yeor 19 61		
/	5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV . 27 . 1	909		Months Doys	R IF UNDER 24 HRS. Hours Min.		
during most of working life, even if retired) Housework 13. FATHER'S NAME HOWARD GARDNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dotes of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT Address								12. CITIZEN OF WHAT COUNTRY?		
								yland		
	Conditions, if or gove rise to in couse (a), stoting I lying couse lost.	nmediate (Myo cos Cardia Parayysa	c arres	oc a	The E CONDITION GIVE	mic	TERVAL BETWEEN ISET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO		
- 1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 1B.) 20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 4									
	21. I certify that (I) (this hospital) attended the deceased from 1991, to 1991, to 1991, that (I) (we) las saw the deceased alive an 1991, and that death accurred of 25M, from the causes and an the date stated abave 22o. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Chas H. Winnacott Ridgley, Maryland 13a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)									
1	REMOVAL (Specify) BUT1a1 24. FUNERAL DIRECTOR	3/7/61 SSIGNATURE	Spring Hill ADDRESS Easton,		EC'D BY REGIST	TRAR 25b. REGI	aryland STRAR'S SIGNATU Jun S. Krau			

